

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/		51						
2		/				/	52						
3		/				/	53						
4		/				/	54						
5		/				/	55						
6		/				/	56						
7		/				/	57						
8		/				/	58						
9		/				/	59						
10		/				/	60						
11		/				/	61						
12		/				/	62						
13		/				/	63						
14	/				/		64						
15		/				/	65						
16		/				/	66						
17		/				/	67						
18		/				/	68						
19		/				/	69						
20		/				/	70						
21		/				/	71						
22		/				/	72						
23		/				/	73						
24		/				/	74						
25		/				/	75						
26		/				/	76						
27		/				/	77						
28		/				/	78						
29		/				/	79						
30		/				/	80						
31		/				/	81						
32		/				/	82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2		TOTAL IND.						
TOTAL DEP.	26		25		30		TOTAL DEP.						
TOTAL CLAIMS	28		27		32		TOTAL CLAIMS						